

CLAIMS ONLY

Application Number

101829137

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
2										
3										
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32		1								
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47										
48										
49										
50										
Total Indep										
Total Depend										
Total Claims										

Total Indep

Total Depend

Total Claims

1

10

18